Department of Commerce, Community and Economic Development FY23 Community Assistance Program



State of Alaska Mike Dunleavy, Governor

Department of Commerce, Community, and Economic Development Julie Sande, Commissioner

Division of Community and Regional Affairs Sandra Moller, Director



FY 2023 COMMUNITY ASSISTANCE PROGRAM REQUIREMENTS AND CERTIFICATION RESERVE APPLICATION

DEADLINE: JUNE 1, 2022

NAME OF RESERVE	CONTACT NAME
MAILING ADDRESS	CONTACT EMAIL ADDRESS
CITY, STATE, ZIP CODE	CONTACT PHONE & FAX NUMBER
ACKNOWLEDGE THE REQUIREMENTS BY CHECKING O	R INITIALING EACH BOX:
	nly for a public purpose as required under AS 29.60.850(a) or facility with the funds under AS 29.60.855 – 29.60.879 to
	0.010 (4), all records relating to receipt and expenditure of the eyears, or longer if there is an unresolved audit finding
Subject to AS 29.60.865(a) and 3 AAC 180.130, a counless the reserve waives its sovereign immunity.	ommunity assistance payment will not be made to a reserve
A statement of expenditures of the prior year's conyear's application.	nmunity assistance payment and a budget form for current
CERTIFICATION:	
As the highest ranking official, I certify therequirements for receiving the community assistance pa	understands the (Name of Reserve) syment and agrees to comply with all laws and
regulations governing the community assistance funds.	
Signature	Date
Printed Name and Title	

FY 2023 COMMUNITY ASSISTANCE PROGRAM PROPOSED CAP BUDGET

Name of Reserve

Please describe below how your organization proposes to use its estimated FY 2023 Community Assistance Program payment.

FUEL	\$
ELECTRICITY	\$
INSURANCE	\$
EDUCATION	\$
EMS	\$
WATER/SEWER	\$
PUBLIC SAFETY	\$
FIRE	\$
ROAD MAINTENANCE	\$
HARBORS	\$
HEALTH	\$
GENERAL ADMINISTRATION	\$
OTHER	\$
OTHER	\$
OTHER	\$
FY 2023 ESTIMATED PAYMENT	\$

FY 2023 COMMUNITY ASSISTANCE PROGRAM Statement of Expenditures for Prior Year Payment

Name of Reserve

Please detail below how your organization spent its FY 2022 Community Assistance Payment.

FUEL	\$
ELECTRICITY	\$
INSURANCE	\$
EDUCATION	\$
EMS	\$
WATER/SEWER	\$
PUBLIC SAFETY	\$
FIRE	\$
ROAD MAINTENANCE	\$
HARBORS	\$
HEALTH	\$
GENERAL ADMINISTRATION	\$
OTHER	\$
SAVINGS/NOT SPENT	\$
FY 2022 TOTAL PAYMENT	\$

WAIVER OF SOVEREIGN IMMUNITY FOR TRIBAL ENTITIES RESOLUTION NO.______

WHER	EAS, the(Name	of Native village council) wishes to receive payment
under	the Department of Commerce, Community, and	d Economic Development Community Assistance
Payme	ent Program in State Fiscal Year 2023; and	
sovere		res the entity's governing body to waive the entity's ate with respect to claims arising out of activities
THERI	EFORE, BE IT RESOLVED THAT, the	, (Name of Reserve)
		d consents to suit in Alaska State Courts or in a state
_		tion or claim (including any claim for allowable pre-
		ey fees) filed by the state arising out of or related to
		order or judgmententered in such action or agency
procee	eding, and to levy and execution of any judgmen	nt entered in any such lawsuit or agency proceeding
	t all property and funds of the	
-		herever located, provided that such execution of
judgm	ent not exceed the program payment.	
BE IT	FURTHER RESOLVED THAT:	(Chief Administrative
	c, Chief, President) is hereby authorized to nego	
docum	nents and contracts required for granting funds	to the
	(Name o	f Native village council) and managing funds on
behalf	of this entity, including any subsequent amend	lments to the payment agreement.
פב ויד	FUDTHED DESOUVED THAT: This resolution sh	all remain in effect until the expiration of the statute
		out of or related to the payment, including, but not
		emand for reimbursement of program funds. Issues
	d to the statute of limitations shall be determin	
	esolution was adopted at a duly convened meet	
		0and complies with all current requirements
	sary for the	(Name of Native village council) to validly and
irrevo	cably waive its sovereign immunity.	
IN WI	TNESS THERETO:	
By:		
-,.	Signature Chief Administrative Officer	Title
Attest	:	
	Signature Clerk or Secretary of Organization	Title